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Crossover Sexual Offenses

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Crossover sexual offenses are defined as those in which victims are from multiple age, gender, and relationship categories. This study investigates admissions of crossover sexual offending from sex offenders participating in treatment who received polygraph testing. For 223 incarcerated and 266 paroled sexual offenders, sexual offenses were recorded from criminal history records and admissions during treatment coupled with polygraph testing. The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children. Although similar trends were observed for the sample of parolees, the rates were far less dramatic. Parolees appeared to have greater levels of denial, had participated in fewer treatment sessions, and perceived greater supervision restrictions as a result of admitting additional offenses. These findings support previous research indicating that many sexual offenders do not exclusively offend against a preferred victim type.

KEY WORDS: Crossover Effect; Polygraphy; Admissions; Treatment.

The public relies on the criminal justice system to ensure community safety through supervision and a comprehensive understanding of sexual offense behavior. Sex offender typologies have been used to assess risk and assign levels of treatment and supervision. Traditionally, these typologies assume that rapists sexually assault adults, whereas child molesters sexually assault children. Laws (1994) identified this assumption as the "Offence-Specific Fallacy." There is a growing

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body of empirical findings reporting a "crossover effect" in sexual offense behavior. In these studies, sexual offenders admit to multiple victim types. This lack of discrimination among victim characteristics questions the reliability of the field's sex offender typologies.

In contrast to adult sexual offenders, most researchers characterize adolescent sexual offenders as a heterogeneous offender group with multiple paraphilic interests (Becker, Cunningham-Rathner, & Kaplan, 1987; Hunter, Goodwin, & Becker; 1994; Simon, Sales, Kaszniak, & Kahn, 1992). Many investigators have speculated that juveniles are not as sophisticated in their denial techniques and admit more of their offense behaviors (Becker et al., 1987). However, few studies have found evidence of crossover sexual offenses within the adult sexual offender population. This lack of crossover findings may be due to the fact that most studied offenders are supervised by the criminal justice system. As a result, they may be reluctant to disclose deviant sexual behaviors as they anticipate additional restrictions or consequences for full disclosure. (Abel, Becker, Cunningham-Rathner, Mittelmann, & Rouleau, 1988; Abel & Osborn, 1992a). Official records are likely to underestimate the diversity of offending because many offenses are undetected (e.g., Colorado Department of Public Health and Environment & Colorado Coalition Against Sexual Assault, 1999; National Victim Center & Crime Victims Research and Treatment Center, 1992; Russell, 1984; Tjaden & Thoennes, 2000).

Evidence of crossover sexual offending has been found in studies using a traditional self-report format. Bradford, Boulet, and Pawlak (1992) obtained sexual histories from 260 adult males at various stages in the criminal justice system. Of the pedophiles, 9% had sexually assaulted an adult and 13% had attempted to sexually assault an adult. Hebophiles had a slightly higher crossover rate of 10 and 24%, respectively. Similarly, using self-report measures, Marshall, Barbaree, and Eccles (1991) found 14% of extrafamilial female child molesters, 12% of extrafamilial male child molesters, and 8% of incest offenders had disclosed more than one paraphilia.

In contrast to studies that rely on official record data or offender self-report, studies using guaranteed confidentiality, anonymity, or polygraph testing result in significantly higher admissions of crossover. By obtaining a certificate of confidentiality from the federal government, Abel et al. (1992b) discovered evidence of crossover sexual offenses in a sample of 561 nonincarcerated adult males. Specifically, 66% of intrafamilial child molesters concurrently sexually assaulted children outside the home. Twenty-three percent of child molesters who were convicted of sexually molesting female children also sexually molested male children, and 63% of child molesters who sexually molested males also admitted to sexually molesting females. Forty percent of child molesters admitted to sexually assaulting an adult, and 50% of rapists admitted to molesting a child.

Similar findings of crossover sexual offenses were reported in other studies using guaranteed anonymity. Using a anonymous self-report survey, Freeman-Longo (1985) found that 23 rapists reported 5,090 sex offenses, including 319 child

molestations and 178 rapes, and 30 child molesters reported 20,667 offenses, including 5,891 child molestations and 213 rapes. Using a computer-automated self-report measure, Weinrott and Saylor (1991) found evidence of crossover sexual offenses in adult males committed to a psychiatric hospital. Without the presence of the researchers, 32% of offenders convicted of rape (i.e., adult sexual assault) admitted to child molestation and 12% of child molesters admitted to rape. In addition, 34% of extrafamilial child molesters' perpetrated incest and 50% of intrafamilial child molesters sexually assaulted a child outside of the home. These studies indicate that guaranteed anonymity greatly facilitates the admission of crossover sexual offenses.

As secrecy is an essential component of sex offending, it is not surprising that offenders seldom disclose the extent of their crossover offenses. Many sex offenders successfully hide their perpetration for years before being identified as a sex offender (Ahlmeyer, Heil, McKee, & English, 2000; Freeman-Longo, 1985). In many criminal justice settings, use of guaranteed confidentiality or anonymity is not always feasible or desirable. However, without these techniques, many offenders deny that they have committed diverse sexual offenses. Generally, sex offenders are not studied under these conditions, which may explain the low crossover rates in other studies. Of those who admit to committing diverse sexual assaults, few admit the extent of their paraphilic behaviors and most offenders minimize responsibility for their offenses (Barbaree, 1991; Marshall, 1994). Sex-offense-specific treatment has been found to be effective in reducing denial and minimization in adult sexual offenders. (Barbaree, 1991; Marshall, 1994; Priest & Smith, 1992; Winn, 1996).

Sex offender treatment often utilizes a cognitive–behavioral approach with psychoeducational components and relapse prevention. Clinicians establish rapport with sexual offenders to create an environment that reinforces honesty and full disclosure (Hanson, 1997; Schlank & Shaw, 1996). Group therapy is a commonly used format and encourages peer confrontation of denial and minimization. Studies on cognitive–behavioral treatment have reported significant decrease in denial and significant increases of sexual offender disclosures (Barbaree, 1991; Marshall, 1996; Schlank & Shaw, 1996). Further studies report that additional admissions may be obtained when cognitive–behavioral treatment is combined with polygraph testing (Ahlmeyer et al., 2000; Emerick & Dutton, 1993; O'Connell, 1998; Priest & Smith, 1992).

Because of its perception as a "lie detector," polygraph testing of adult sexual offenders has proven to be a powerful tool for eliciting admissions of sexual offenses. Polygraphy evaluates physiologic reactions that occur in response to the emotions of fear associated with lying (Abrams, 1991). Polygraph testing cannot determine absolute truth from deception. Instead, it measures the individual's perception of truth or deception (O'Connell, 1998). Clark and Tifft (1966) questioned male college students regarding property crimes, violent crimes, and sexually deviant behavior. They found that polygraph testing produced more admissions than

did anonymous survey or personal interviews. Similarly, Ahlmeyer et al. (2000) found significant increases in admissions in number of victims and offenses, after polygraph testing. After polygraph testing, the average number of victim admissions increased from 2 at criminal history to 50 on their self-reported sexual history to 110 after second polygraph. The average number of offense admissions increased from 5 at criminal history to 234 at sexual history to 318 after second polygraph. Although controversial, polygraph testing obtains admissions of sexual deviant behavior that would otherwise remain undetected.

Using polygraph testing, researchers have obtained admissions of crossover sexual offenses. Emerick and Dutton (1993) examined the sexual histories of adolescent sexual offenders across three sources of information: criminal histories, clinical interview, and polygraph examinations. After polygraph testing, there was a significant increase in admissions of crossover sexual offenses (i.e., victims of both genders and from multiple relationships). Specifically, there was a 51% increase in information from criminal history to polygraph examination. O'Connell (1998) also found a significant increase in crossover behaviors from clinical interview to polygraph examination in nonincarcerated adult sexual offenders across three sources. After polygraph testing, 30% of sexual offenders reported engaging in nine or more sexually deviant behaviors. Sixty-four percent of rapists admitted to molesting a female child and 21% of child molesters who victimized females admitted to raping an adult. These findings suggest polygraph testing is an effective method for uncovering unreported deviancy.

This study examines polygraph-assisted admissions of crossover behaviors in two groups of sexual offenders: (a) inmates participating in intensive prison-based sex offender treatment, and (b) parolees participating in a less intensive community-based treatment. Previous studies have demonstrated that treatment combined with polygraph testing is effective in eliciting disclosures of victims and offenses not previously known to the criminal justice system. It was expected that a similar increase in disclosures would be found in this study, and that there would be more crossover (less specialization) when the data is expanded beyond that typically available to the criminal justice system.

METHOD

Participants

Participants consisted of 489 identified adult male sexual offenders (i.e., 223 inmates and 266 parolees) under supervision at the Colorado Department of Corrections (CDOC). As mandated by the state, all sex offenders participating in treatment receive standardized sex offender treatment consisting of psychoeducation, cognitive–behavioral treatment techniques, and polygraph testing.

Inmates

The incarcerated sexual offender sample was participating in Phase II, the intensive therapeutic community component of the Sex Offender Treatment and Monitoring Program (SOTMP) at a minimum-restrictive security prison. All of these offenders had successfully completed Phase I, the psychoeducational component of the SOTMP. The majority of the offenders were European American (76%) with an average age of 39.

Parolees

The parole sample was recruited from the Northeast, Denver, and Southeast regions of Colorado. These participants were mandated to participate in sex offender treatment as a condition of parole. None of the parole participants received intensive sexual offender treatment while incarcerated. The parole sample received treatment from an approved community treatment provider who met the Colorado standards for sex offender treatment providers. Similar to the inmates, the demographic composition of the parole sample consisted of 52% European American, 23% Hispanic, and 24% African American with an average age of 34.

Measures

Data were collected on the inmates and parolees between October 1995 and January 2001. Victim information (i.e., age, gender, and relationship to the offender) was obtained from multiple data sources and recorded using a standardized coding system by an independent assessor. The data sources consisted of the Presentence Investigative Report (official record), Redirecting Sexual Aggression Sexual History Disclosure Questionnaire (self-report), and polygraph examination report(s). Only victims and offenses identified in official records or self-reported by the offender were used in the data analysis. Victims were recorded once and classified by most severe offense. Only contact sexual offenses (i.e. rape and child molestation) were included in this study.

Presentence Investigation Reports

Offender criminal sexual arrest history was derived from the Presentence Investigation Report (PSIR). The PSIR contained criminal and social offender information used by the court for determining an appropriate sentence to CDOC or probation. This information provided a pretreatment assessment of offender's known sexual history.

Redirecting Sexual Aggression Sexual History Disclosure Questionnaire

While in Phase II, offenders completed a Redirecting Sexual Aggression Sexual History Disclosure Questionnaire (SHD) detailing their admissions of sexual victims and offenses across multiple age, gender, and relationship categories (i.e., crossover behaviors).

Polygraph Reports

Polygraph tests were conducted by six independent polygraphers with experience and specialized training in testing sex offenders. Each test included a pretest interview, posttest interview, and test phase. All of the polygraphers met Colorado Standards for testing sex offenders. The polygraph testing consisted of standardized sexual history disclosure tests to obtain admissions of past sexual behaviors.

To assess crossover behaviors, polygraphers and clinicians formulated the standardized relevant questions on the basis of Colorado statutes defining sexual assault and child sexual assault. Offenders were asked, "Have you physically forced or threatened anyone 15 or older into having sexual contact with you?" To determine potential child victims, offenders were asked, "Since turning 18, have you had physical sexual contact with anyone under the age of 15?" Adolescent offending was also addressed by the question, "Before the age of 18, have you had physical sexual contact with anyone 4 years or more younger?" Additional questions regarding victim demographics (i.e., age, gender, and relationship) were asked if the sexual offender responded affirmatively to the crossover questions during the pretest. If the offender scored deceptive to the questions during the test, then follow-up questions were often asked in open-ended format during the posttest interview.

Apparatus

Polygraph testing was conducted using the Axciton Computerized Polygraph System and the Lafayette Instrument LX-2000 that uses four pens to record changes in galvanic skin response, respiration, blood pressure, and heart rate on recording paper. To provide reliability and validity of the scores, the John Hopkins Applied Physics Laboratory computer-scoring algorithm was used. Each test was also hand scored.

Procedure

Inmates were accepted into the SOTMP after they acknowledged committing a sex offense and expressed a willingness to participate in treatment. Although the program was voluntary, there were many incentives to participate including earning

up to 5 days per month off their sentence, being able to progress to a less secure facility, and a greater chance for early parole. Upon entering treatment, data were collected on the sexual offenders' criminal history using the PSIR. Sexual offenders signed treatment contracts that delineated goals, expectations, and requirements for treatment including sexual history disclosure and monitoring polygraph testing. Offenders also signed an informed consent prior to each polygraph test.

For inmates, the first phase of treatment (6 months, 4 days per week, 90 min/day) focused on common problem areas frequently associated with sex offending: understanding why people commit sex offenses, developing victim empathy, restructuring cognitive distortions in addition to learning sex offense cycles, relapse prevention, sex education, sex roles, social skills, and relationships skills. The second phase of treatment emphasized applying what they had learned in the first phase of treatment, changing distorted thinking and patterns of behavior along with developing comprehensive relapse prevention plans. Throughout treatment, clinicians and group members provided support to offenders to admit unknown victims and offenses and they confronted minimization and denial. Within the first 3 months of treatment in Phase II, participants completed the SHD and were scheduled for their first polygraph examination.

The majority of the offenders in the parole sample were released on a mandatory period of parole. Although they had not participated in treatment while incarcerated, they were required as a condition of parole, to participate in treatment in the community. Parolees attended once a week group therapy that was similar in content to the institutional treatment program. Polygraph questions were formulated to help determine whether the offender had disclosed the full extent of his sex offending history. The parolees also received polygraph tests that monitored their current behavior.

Prior to polygraph testing, the polygrapher assessed the current health of the participant and reviewed the disclosures obtained from the SHD during the pretest interview. Questions regarding past sexual offending behaviors were asked, and the test concluded with the review of the results during the posttest interview. If deceptive, the sexual offender was asked to provide a clarification about what information he was withholding. This was then documented in an addendum to the SHD. Polygraph results were discussed in treatment groups. Crossover questions based upon admissions or deceptive results were addressed on subsequent polygraph examinations 3–6 months later.

RESULTS

For inmate sample, 69.3% of the polygraphs ($N = 450$) were considered "deception indicated," 23.6% were considered "no deception indicated," and 7.1% were considered "inconclusive." Similarly, the polygraph readings for the parolees ($N = 373$) were mostly considered deceptive (71.3% deception indicated; 23.9%

no deception indicated; 4.8% inconclusive). There were no differences in the number of exams administered to inmates ($M = 2.02, SD = 1.37$) and parolees ($M = 1.81, SD = 1.45$).

For determining the extent of crossover sexual offending in the inmate and parolee samples, the following results were compiled in a "before and after treatment" research design. For the inmate sample, there were substantial increases in the number of victims, offenses, and offense categories when the pretreatment PSIR was compared with the polygraph-assisted admissions during treatment (see Table I). For the parolees, in contrast, there was little or no increase in the number of victims or offense categories from PSIR to treatment coupled with polygraph. Most inmates (89%) admitted to more than one sex offense category during polygraph testing. This trend was not observed for the parolees (only 31% reported more than one victim, see Table II).

For inmates, the proportion offending against both children and adults dramatically increased from the PSIR (7%) to last polygraph testing coupled with treatment (70%) as shown in Table III. A similar trend was also found for the sexual assault of males and females (9–36%), strangers and nonstrangers (7–57%), acquaintances and nonacquaintances (17–80%), position of trust and nonposition of trust (8–24%), and relative and nonrelatives (12–70%). Although increases were also observed for the parolees, the trends were much smaller. The largest change for the parolees was from 4.4% having both adult and child victims on the basis of the PSIR compared to 18.1% on the basis of the treatment coupled with polygraph.

In a group of 141 inmate child molesters, the percentage who molested both female children and male children increased from 14% at PSIR to 40% during the treatment coupled with polygraph testing (see Table IV). Also, the percentage

Table I. Comparison of Sexual Victims and Offenses Information

	Inmates ($N = 223$)			Parolees ($N = 226$)		
	PSIR	SHD	Treatment coupled with polygraph	PSIR	SHD	Treatment coupled with polygraph
Offense categories						
Mean	1	3	4	1	1	1
Median	1	3	3	1	1	1
Maximum	5	10	12	4	4	5
Victims						
Mean	2	14	18	1	2	3
Median	1	5	9	1	1	1
Maximum	32	183	215	8	12	51
Offenses						
Mean	12	131	137	3	10	14
Median	2	20	24	1	1	2
Maximum	364	6,075	6,075	210	419	443

Note. PSIR – Presentence Investigation Reports; SHD – Sexual History Disclosure Questionnaire (self-report).

Table II. Percentage of Multiple Contact Sex Offense Categories by Source

Number of sex offense categories	Inmates ($N = 223$)			Parolees ($N = 226$)		
	PSIR	SHD	Treatment coupled with polygraph	PSIR	SHD	Treatment coupled with polygraph
1	69.5	20.5	10.8	89.9	82.6	69.5
2	24.2	23.3	15.7	9.3	12.2	21.7
3	4.5	20.5	22.8	0.0	1.7	4.8
4	1.4	12.1	17.1	0.9	3.5	3.6
5	0.4	9.8	12.5	—	—	0.4
6	—	3.7	7.2	—	—	—
7	—	4.2	5.4	—	—	—
8	—	2.8	4.9	—	—	—
9	—	1.4	2.3	—	—	—
10	—	1.9	0.9	—	—	—
11	—	—	0.0	—	—	—
12	—	—	0.4	—	—	—

Note. PSIR – Presentence Investigation Reports; SHD – Sexual History Disclosure Questionnaire (self-report).

Table III. Percentage of Age, Gender, and Relationship Category by Sources

Victim category	Inmates ($N = 223$)		Parolees ($N = 226$)	
	PSIR	Treatment coupled with polygraph	PSIR	Treatment coupled with polygraph
Age				
Child	56.5	12.6	46.0	37.6
Adult	36.3	17.5	49.6	44.2
Both	7.2	70.0	4.4	18.1
Gender				
Male	12.1	3.1	6.6	3.1
Female	79.4	61.0	89.8	87.2
Both	8.5	35.9	3.5	9.7
Relationship				
Stranger	20.6	2.2	27.4	22.6
Nonstranger	72.2	40.4	71.2	68.1
Both	7.2	57.4	1.3	9.3
Acquaintance	20.2	6.7	43.4	38.5
Nonacquaintance	63.2	14.8	50.9	42.5
Both	16.6	79.8	5.8	19.0
Position of Trust	8.1	1.8	4.9	2.2
Nonposition	83.9	74.0	93.4	93.4
Both	8.1	24.2	1.8	4.4
Relative	30.0	6.7	18.1	15.0
Nonrelative	57.8	23.8	77.4	69.5
Both	12.1	69.5	4.4	15.5

Note. PSIR – Presentence Investigation Reports.

Table IV. Percentage of Child Gender and Child Relationship Category for Child Molesters

Victim category	Inmates ($N = 141$)		Parolees ($N = 114$)	
	PSIR	Treatment coupled with polygraph	PSIR	Treatment coupled with polygraph
Child				
Male child	19.1	7.1	10.5	7.0
Female child	67.4	52.5	86.8	86.0
Both	13.5	40.4	2.6	7.0
Child				
Relative	44.0	15.6	28.1	23.7
Nonrelative	40.4	19.1	67.5	62.3
Both	15.6	65.2	4.4	14.0

Note. PSIR – Presentence Investigation Reports.

who molested both child relatives and child nonrelatives dramatically increased from 16% at PSIR to 65% after treatment coupled with polygraph testing. For the 114 parolee child molesters, no dramatic changes were observed. With treatment coupled with polygraph testing, the rate of victimizing both genders increased from 3 to 7% only, and the rate of victimizing relatives and nonrelatives increased from 4 to 14%.

DISCUSSION

This study found high rates of crossover sexual offenses in the inmate sample. The intensity of treatment and the type of supervision that were combined with polygraph testing were found to be critical factors in the rate of crossover admissions. Parolees, who received low intensity treatment, admitted substantially fewer crossover offenses than did inmates who received intensive treatment. Both groups, however, admitted more offences than were identified in official records.

There are several possible explanations for the difference in the rate of crossover admissions for the inmate and parolee groups. First, the inmates appear to be more serious offenders, as reflected by a comparison of criminal record data; consequently, they may have had more crossover sexual offenses to disclose.

Secondly, inmates must admit to a sex offense to participate in SOTMP and may have been more forthcoming about the extent of their sex offending behaviors than the parolees. Many of the parolees had not met treatment criteria in prison because they denied their offenses. Although inmates and parolees had a similar rate of deceptive polygraph tests, parolees were less likely to admit additional offenses in response to deceptive tests, whereas inmates were more likely to become nondeceptive after admitting additional offenses. Less denial may account for the inmates' willingness to participate in voluntary treatment. Parolees had resisted

pressure to conform to program recommendations in prison and only participated in treatment as it was mandated on parole.

A third possibility for the difference in the admitted crossover rates is the sensitization process regarding the behaviors that constitute a sexual assault. The inmates in this study were participating in an intensive advanced phase of treatment, whereas the parolees were just beginning treatment. Inmates were educated on the legal definitions of hands-on sex offenses, the behaviors that satisfied the legal criteria, and the definitions of force and consent. In comparison to parolees, inmates were likely to have a broader concept of what constituted a sex offense and were less likely to rationalize the behavior.

As well, the conditions supporting admission of past sex offending behavior differed between the inmates and parolees. Inmates may have perceived fewer negative consequences for disclosing additional sex offenses. Parolees may have anticipated further restrictions as a result of additional disclosures. In fact, because of the increased risk of reoffense, parolees had a higher percentage of polygraph tests focusing on their current behavior rather than on their sexual history.

Although some of the observed differences could be due to sample differences, it is likely that the intensive prison-based sex offender treatment program was more effective than the low intensity community treatment in eliciting admissions of crossover offending. Consequently, the discussion will focus on the results for the inmate group, which are considered the most valid. Some of the findings contradict commonly held beliefs about sex offenders, although our findings are remarkably similar to the findings in other studies using anonymous survey, guaranteed confidentiality, or treatment combined with polygraph testing.

Sex offender typologies are generally divided by the age, gender, and relationship of the victim. This study found relatively few sex offenders abuse only one type of victim. After treatment and polygraph testing, only 11% of the inmates admitted to only one type of contact sexual offense. These findings are consistent with those of Abel et al. (1988) who found only 10% of the participants admitted to engaging in one paraphilic behavior (i.e., contact and noncontact sexual offenses and sexually deviant behaviors), whereas 38% of adult sexual offenders admitted to engaging in 5–10 different paraphilias. In addition, O'Connell (1998) found only 9% of offenders reported only one paraphilia after treatment coupled with polygraph testing.

With regard to victim age, 13% of inmates disclosed molesting only child victims and 18% disclosed assaulting only adult victims. The remaining offenders (70%) admitted both adult and child victims. Similar to Abel et al. (1992b) who found 49% of rapists admitted sexually molesting children under the age of 14, this study found that 52% of inmates who were known to sexually assault only adults also admitted to sexually molesting children after treatment coupled with polygraph testing. Because the prison culture considers child sexual abuse the lowest status crime, offenders have no incentive to disclose this behavior. Although

a significant number of rapists admitted child victims, the actual number of rapists engaging in child molestation may even be higher. In fact, O'Connell (1998) found 64% of rapists admitted sexually molesting a female child. These findings suggest rapists may pose a risk to children when permitted contact by the criminal justice system.

Contrary to crossover rates published in previous studies (Abel et al., 1992b; O'Connell, 1998; Weinrott & Saylor, 1991), this study found that 78% of inmates who were known to molest children also admitted to sexually victimizing adults. The higher rate identified in this study may be due to the age ranges used for children and adults. Abel and Osborn (1992b, 2000) published information on 349 paraphiliacs who victimized children under the age of 14. Forty-three percent of these offenders admitted victimizing adolescents aged 14–17, whereas only 38.9% had victimized adults. Colorado law establishes 15 years as the age of consent for sexual contact. For purposes of this study, an adult victim was coded as anyone 15 years or older who did not give consent for sexual contact.

Unlike age crossover, there was substantially lower admitted gender crossover. After treatment coupled with polygraph testing, 61% of inmates disclosed only female victims, whereas 3% disclosed only male victims. Similar to the disclosure of child victims, the prison culture might discourage disclosure of unknown male victims. After treatment coupled with polygraph testing, 36% of inmates admitted sexually assaulting both males and females.

Although pedophiles are commonly believed to have an exclusive sexual interest in male children, this study found that 63% of inmates who were known to molest only male children also admitted molesting female children. Interestingly, this finding was identical to that of Abel et al. (1992b) who found that 63% of child molesters who sexually molested males admitted to sexually molesting females. O'Connell (1998) found that a lower percentage (45%) of offenders who had molested boys admitted molesting girls.

Empirical studies have established that incest offenders are at lower risk to reoffend than extrafamilial child molesters (Hanson, 2000; Hanson, Steffy, & Gauthier, 1993). As a result, incest offenders are frequently treated in the community because it is assumed they present a risk only to children residing in their home. This study found that 64% of inmates known to victimize relative children also admitted victimizing nonrelative children. These findings were similar to those by Weinrott and Saylor (1991) who determined that 50% of intrafamilial child molesters engaged in extrafamilial molestation, Abel et al. (1992b) who found that 66% of intrafamilial offenders sexually molested outside the home, and O'Connell (1998) who found that 59% of offenders committing incest with female children admitted extrafamilial sexual molestation of female children.

In this study, inmates known to victimize children outside the home were more likely to have victimized child relatives (53%). Weinrott and Saylor identified that 34% of extrafamilial child molesters admitted to incest. Of the offenders molesting

unrelated girls, O'Connell (1998) found that 21% admitted female incest and 5% admitted male incest. Of the offenders molesting unrelated boys, 18% admitted female incest and 27% male incest. Abel et al. (1988) determined that 35% of individuals who victimized unrelated girls also victimized related female children. These findings suggest that there may be a heightened risk when extrafamilial child molesters are permitted contact with their own children or other child relatives.

When type of relationship was examined for each category (i.e., stranger, acquaintance, position of trust, and relative), less than 10% of inmates disclosed victims in only one relationship category. The large increase in disclosure from stranger to nonstranger is consistent with the findings from victimization surveys that women are less likely to report offenses to law enforcement when they know the offender (e.g., Hansen, Resnick, Saunders, Kilpatrick, & Best, 1999; Smith et al., 2000).

It has been suggested that the high rate of crossover offending identified in past studies (e.g., Abel et al., 1988) could be explained by offenders exaggerating or fabricating the number and type of sex offenses they committed. It seems unlikely that an offender would need a polygraph examination to fabricate additional sexual offenses. On the contrary, it seems more plausible that a narcissistic offender would use a group forum to exaggerate his sexual history, instead of waiting several months to disclose his additional victims to the polygrapher within a secluded laboratory (D. Dutton, personal communication, January 15, 2001). It has been the experience of the authors that most offenders are nondeceptive on sexual history polygraphs after disclosing details of additional victimizations in response to deceptive polygraphs. It also seems unlikely that exaggerated offenses and victims would result in the consistency of findings across numerous diverse studies (Abel et al., 1988; Freeman-Longo, 1985; O'Connell, 1998; Weinrott & Saylor, 1991).

Many sex offender typologies divide offenders into categories of rapists or child molesters on the basis of the age of the victim, or intrafamilial and extrafamilial on the basis of the relationship to the victims (see Schwartz, 1995). The present findings suggest an opportunistic, malleable nature in sex offending that contradict traditional sex offender typologies. Rather than classify offenders by their exclusive victim pool, it appears preferable to evaluate sex offenders in terms of a preferred and an expanded victim pool. Sex offenders may have a preferred victim pool, but this preference can change over time and may be expanded when the preferred victim type is unavailable (e.g., prison). Instead of focusing primarily on victim characteristics, attention should also be placed on motivational factors such as sexual addition (Carnes, 1983), hypersexuality or dysregulation of sexual drive (Greenberg & Bradford, 1997; Kafka, 1991), and power/control and anger (Groth, 1979).

In recent years, efforts have been made to improve risk prediction of sex offender reoffense through the development of actuarial instruments. These instruments appear to have far greater predictive accuracy than clinical impression

(Hanson & Bussiere, 1998). Many of these instruments were developed with official record information and frequently include victim characteristic (e.g., gender) items. Because few victims report sex offenses to law enforcement (e.g., Colorado Department of Public Health and Environment & Colorado Coalition Against Sexual Assault, 1999; National Victim Center & Crime Victims Research and Treatment Center, 1992; Russell, 1984), official record data can be misleading. The present findings suggest that official record may not be an accurate or a comprehensive source for this data. According to Monahan (1981), the critical finding in the area of prediction is that the probability of future crime increases with each prior offense. On average, offenders revealed three additional categories of sexual assault types that had not been identified in official records. This raises the question whether a more accurate actuarial risk instrument could be developed with comprehensive sexual history information.

The fact that the majority of the sample scored deceptive on polygraph tests indicates that the actual rate of crossover might even be higher than the rates found in this study. Future research should be conducted with a sample of sex offenders who score nondeceptive on sexual history polygraph tests to determine a more accurate rate of crossover. Additional research should also focus on the relationship of crossover to risk of reoffense and factors that contribute to or identify offenders with high crossover rates. This research may illustrate the importance of obtaining crossover information and determine whether the identification of these behaviors will result in reduced recidivism. It is possible that the knowledge of prior types of offenses will lead to higher known reoffense rates because of increased scrutiny of the offender's behavior.

Future research should also identify the potential disadvantages and benefits of treatment with polygraph testing. There is accumulating evidence in the social psychology and general psychotherapy literature that withholding distressing information about yourself in therapy is associated with greater symptom reduction (Kelly, 2000). Offenders frequently withhold information on the extent of their sexually deviant behavior because they fear family members and therapists will be repulsed by the information. Kelly postulates on the basis of diverse self-presentational studies that having client's focus on their unfavorable and distressing characteristics and behaviors may solidify their negative beliefs about themselves. Because this research was not conducted with offender populations, further research needs to be conducted to determine if these findings are applicable to sex offenders.

Nonetheless, there are many benefits to having accurate information regarding an offender's pattern of sexual offending. It is hoped that more accurate sexual histories will help criminal justice systems select the most appropriate treatment and supervision options for offenders. It appears that relapse prevention plans and conditions of community supervision could be more accurate and effective when the full extent of the offender's deviant sexual behavior is known. Polygraph testing combined with intensive sex offender treatment in prison provide the most

comprehensive information on the offender's past deviant sexual history. This study suggests that the actual rate of crossover in sexual offending is considerably higher than what has been typically reported in the literature. These findings support the use of polygraph testing and intensive prison-based sex offender treatment programming for obtaining critical sexual offense history information.

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